

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

184

State File No. _____
Registered No. 796

1. PLACE OF BIRTH

County Gila State Arg.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Helen Marie Witterman (If child is not yet named, make supplemental report, as directed)

3. Sex of Child

Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth 9-30-1930
Month Day Year

8. FATHER

Full name

Frank E. Witterman

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe

Arg.

10. Color or race

White

11. Age at last birthday

48 (Years)

14. MOTHER

Full maiden name

Emma O'Neal

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe

Arg.

16. Color or race

White

17. Age at last birthday

39 (Years)

12. Birthplace (city or place)

(State or country)

Germany

18. Birthplace (city or place)

(State or country)

Globe, Arg.

13. Occupation

Nature of industry

Barber

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

4

(a) Born alive and now living

2

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Female at 3:30 P. m. on the date above stated.
(Born alive or stillborn.)

Signature

T.C. Harper

Physician
(Physician or Midwife).

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

865-930-563
Month, day, year

Address

Filed 10/10, 1930 G.E. Wightman
Registrar

Registrar